

HOWARD COUNTY DEPARTMENT OF POLICE



Auxiliary Police Application

Fill out this form entirely and submit with a copy of your driver's license or other photo identification and social security card. This form may be completed electronically but requires signatures that may not be done on a computer. A background investigation to obtain security clearance is required for this position. Email, fax or print out and bring this form to:

**Howard County Police Department
Police Personnel
3410 Court House Drive
Ellicott City, MD 21043
FAX 410-313-3212 Phone 410- 313-2255.
HCPDBackgrounds@howardcountymd.gov**

CONTACT INFORMATION

1. Last Name, First Name, Middle Name (complete and full name):		
2. Your Current Address (Street, City State, Zip code):		
3. Home Phone:	4. Work Phone:	
5. Cell Phone:	6. E-mail Address:	
7. Social Security #: - -	8. Date of Birth (MM/DD/YYYY):	
9. <i>Race and Gender information are needed for security clearance purposes:</i>		
Race:	Gender:	
10. Place of Birth:		
11. List the name, relationship and phone number of someone we can contact in an emergency:		
Name	Relationship	Phone Number
12. Please list complete previous addresses for the last 5 years and approximate dates of residence.		
A.	From _____ To _____	
B.	From _____ To _____	
C.	From _____ To _____	
D.	From _____ To _____	

E.		From _____ To _____
13. Are you a U.S. citizen? Yes <input type="checkbox"/> No <input type="checkbox"/>		
14. If Naturalized: Certificate # and Date:		
15. Country of Birth:	16. Current Citizenship:	
17. Do you posses a valid drivers license? Yes <input type="checkbox"/> No <input type="checkbox"/>		
18. License State and Number:	19. Expiration Date (Mo/Day/Yr):	
20. Do you now have or have you ever had a Driver's License in any other state? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please list:		
21. State:	License No.:	
22. State:	License No.:	
23. State:	License No.:	
24. State:	License No.:	
Complete the below information for the vehicle you normally operate:		
25. Make:		26. Model:
28. Plate #:		29. State:
EDUCATION		
30. What is your highest level of education? Check one: <input type="checkbox"/> H.S. Diploma <input type="checkbox"/> AA Degree <input type="checkbox"/> BA/BS Degree <input type="checkbox"/> Master's Degree <input type="checkbox"/> PhD <input type="checkbox"/> Other: _____		
31. List any Training, Certifications or Licensing you possess:		
SKILLS		
32. 2 nd Language:		33. Rate your 2 nd language Speaking Ability:
34. Rate your 2 nd language reading and writing ability:		
35. Computer Skills:		
36. Office Skills:		
37. Other Special Skills:		
38. Rate your familiarity with handling and care of animals (check and describe level of familiarity):		
<input type="checkbox"/> Cats		<input type="checkbox"/> Reptiles (turtle, snake, lizard)
<input type="checkbox"/> Dogs		<input type="checkbox"/> Fish
<input type="checkbox"/> Birds		<input type="checkbox"/> Horses/Barn Animals (goats, sheep, pig)

<input type="checkbox"/> Small rodents (mice, hamster)	<input type="checkbox"/> Wildlife (deer, raccoon, opossum)
39. Please explain why you are interested in being an Auxiliary Officer with our agency and how you learned about our programs:	
40. Have you ever applied to volunteer with us before? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, dates applied: _____ Were you accepted? If yes, please describe your experience here:	
41. Do you have any previous Volunteer experience: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide a brief description: (List any and all - for example, church, school, community, etc.)	
42. Are you currently volunteering anywhere else? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, where? Please provide contact information of any current other volunteer positions.	
WORK EXPERIENCE	
43. Employment Status: <input type="checkbox"/> Unemployed <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Retired <input type="checkbox"/> Student	
44. Current Employer:	
45. Employer Address:	
46. Employer Phone #:	
47. Job Title/Occupation:	48. Dates Employed:
49. Supervisor's Name:	50. Supervisor's Phone #:
51. Previous Employer:	
52. Previous Employer's Address:	
53. Previous Employer's Phone #:	

54. Job Title/Occupation:	55. Dates Employed:
56. Supervisor's Name:	57. Supervisor's Phone #:
MILITARY EXPERIENCE	
58. Have you ever served in the armed forces: <input type="checkbox"/> Yes <input type="checkbox"/> No	
59. Branch of Service/Location:	60. Rank:
61. Specialty:	62. Type of Discharge:
AVAILABILITY	
63. Volunteers are asked to provide a minimum of 8 hours each week for a 6 month period of time. Check the days and the time of day when you are available to volunteer:	
<input type="checkbox"/> Sunday <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Mornings <input type="checkbox"/> Afternoons <input type="checkbox"/> Evenings <input type="checkbox"/> Nights or Midnight	
64. What is your desired length of commitment (6 Months, 1 Year, or Longer)?	
65. Date you would like to start?	
BACKGROUND INFORMATION	
List Reference Information (people who know you well)	
Reference 1	
66. Ref. #1 Name:	
67. Address:	
68. Day time Phone:	69. Cell Phone:
70. Relationship to you:	
Reference 2	
71. Ref. #2 Name:	
72. Address:	
73. Day Phone:	74. Cell Phone:
75. Relationship to you:	
Reference 3	
76. Ref. #3 Name:	
77. Address:	
78. Day Phone:	79. Cell Phone:
80. Relationship to you:	

CRIMINAL HISTORY INFORMATION

The following questions pertain to your full criminal history in the United States and any foreign countries. Include all criminal charges you have ever received as an adult or a juvenile, regardless of whether the charge was dismissed or has been expunged from your record.

NO YES

- | | | |
|------|------|--|
| ____ | ____ | 01. As an adult or a juvenile, have you ever been arrested by any law enforcement authorities? |
| ____ | ____ | 02. Have you ever been taken into custody by any law enforcement authorities? |
| ____ | ____ | 03. Have you ever been charged with any crimes for which you were not physically arrested? |
| ____ | ____ | 04. Have you been charged with any offenses via civil citations? |
| ____ | ____ | 05. Have you ever been convicted of any crimes? |
| ____ | ____ | 06. Have you ever received Probation Before Judgment (PBJ) for any criminal charges? |
| ____ | ____ | 07. Have you ever been required to appear before a juvenile court for any criminal charges? |
| ____ | ____ | 08. Currently, do you have any criminal charges pending court? |
| ____ | ____ | 09. Have you ever been questioned as a suspect in a crime by any law enforcement authorities? |
| ____ | ____ | 10. Have you ever received any criminal or civil citations which required you to pay a fine or go to court? |
| ____ | ____ | 11. Have you ever been involved as a Respondent / Defendant in any Protective Order, Peace Order,
Ex Parte Order, Restraining Order, or any other court orders involving domestic violence? |
| ____ | ____ | 12. Have you ever been placed into a jail, detention center, holding cell, or prison? |
| ____ | ____ | 13. Have you ever had any criminal charges expunged from your record? |
| ____ | ____ | 14. Have you ever been arrested or received any criminal charges in any foreign countries? |
| ____ | ____ | 15. Have you ever received or had knowledge of any criminal summonses listing you as a defendant in
any criminal cases? |

Provide written explanations to any questions answered YES.



HOWARD COUNTY POLICE DEPARTMENT
AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

I, _____, do hereby authorize a review of and full disclosure of all records, or any part thereof, concerning myself, by a duly authorized agent of the Howard County Police Department, whether the said records are of public, private or confidential nature.

The intent of this Authorization is to give my consent for full and complete disclosure of the records as follows: Records of complaint, arrest, trial and/or convictions for alleged or actual violations of the law, including criminal and/or traffic records; records of complaints of a civil nature made by me or against me, wheresoever located; and to include the records and recollections of attorneys-at-law, or of other counsel, whether representing me or another person in any case in which I presently have, or have had, an interest.

I reiterate and emphasize that the intent of this Authorization is to provide full and free access to the background and history of my personal life, for the specific purpose of pursuing a Background Investigation which may provide pertinent data for my suitability as a civilian/contractor/volunteer working within the Howard County Government. I understand that any information obtained by a personal history Background Investigation which is developed directly or indirectly, in whole or in part, upon this Release of Authorization, will be considered in determining my suitability as a civilian/contractor/volunteer employee.

I agree to indemnify and hold harmless the person to whom this request is presented and his agents and employees, from and against all claims, damages, losses and expenses, including reasonable attorneys' fees arising out of or by reason of complying with this request. I further understand that in the event my application is disapproved, the sources of confidential information cannot be revealed to me. A photocopy of this Release Form will be valid as an original thereof, even though said photocopy does not contain an original writing of my signature.

I hereby certify that the answers and information I have provided in this form are truthful to the best of my knowledge and belief. In signing below, I do so with the understanding that all statements I have made in this form, if found untruthful, will result in my termination from employment with the Howard County Police Department.

Print Name: _____ Signature: _____ Date: _____

Address, City, State, ZIP: _____

Date of Birth: _____ SSN #: _____

Witness (Print Name & Signature): _____ / _____

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